

# Wisconsin Arthritis Program HEDIS® Measures Report

## Introduction

This brief report highlights the Wisconsin Arthritis Program and summarizes HEDIS® anti-rheumatic therapy data for care provided from 2007 through 2009. The Wisconsin Collaborative Diabetes Quality Improvement Project collects and reports selected Wisconsin health plan data each year. The Diabetes Prevention and Control Program, the University of Wisconsin Population Health Institute, Wisconsin health plans, and others collaborated with the Wisconsin Arthritis Program to share the following HEDIS® data.

## Burden/Prevalence of Arthritis in Wisconsin

Arthritis is a common chronic condition in Wisconsin, and the most common cause of disability. About 28% of adults aged 18 years and older (1.1 million) in Wisconsin reported that they had some form of arthritis during 2003-2007. Arthritis is comprised of over 100 disease types and rheumatic conditions. These include osteoarthritis (the most common), rheumatoid arthritis, systemic lupus erythematosus, gout, Lyme disease, bursitis, and others. Although arthritis affects both men and women, women have a higher prevalence rate. During 2003-2007 about 31% of Wisconsin women (647,000) reported arthritis in comparison to 24% of Wisconsin men (484,000). Adults who are overweight or obese are more likely to have arthritis than those of normal weight. In Wisconsin, of those who were obese, 33% reported they also had arthritis compared to 20% with no arthritis. More than half of adults with diabetes and heart disease also have arthritis. The presence of arthritis can complicate management of these chronic conditions by presenting an additional barrier to healthier lifestyles, such as increased pain during physical activity.

## Mission

The Wisconsin Arthritis Program provides statewide coordination aimed at prevention, management, and support for Wisconsin residents with arthritis and their families. The Program ensures and expands the availability of evidence-based interventions (self-management), physical activity, nutrition choices, injury prevention, and weight management. The Program strives to expand these types of resources in all settings statewide (communities, worksites, health care, and schools).

## Program Goals

- Promote increased access and use of evidence-based interventions
- Support policy and decision-making to address arthritis issues
- Collaborate with other chronic condition programs, partners, coalitions, and strategic planning efforts
- Monitor arthritis prevalence and program impacts

## Current Projects

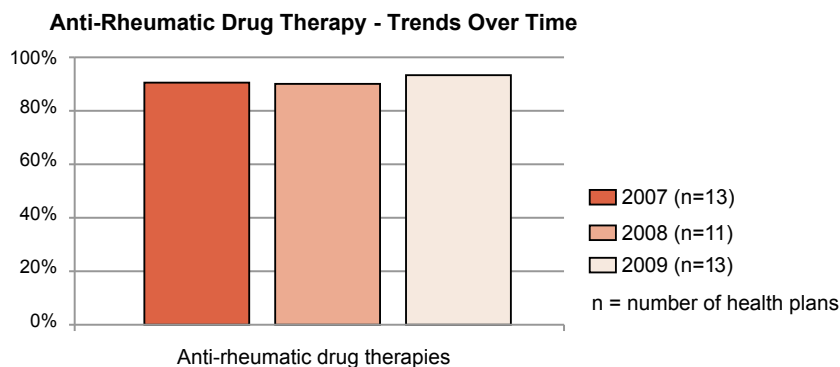
- The Arthritis Program promotes and expands the reach of Living Well with Chronic Conditions (Chronic Disease Self-management Program) and Tomando Control de su Salud (Spanish version). Living Well with Chronic Conditions emphasizes proven strategies to assist persons with chronic conditions to manage symptoms with practical approaches to pain, stress, fatigue, and weight gain. The sessions also cover physical activity and diet choices; medication and treatment management; and communication improvement skills with family and health providers.
- The Arthritis Program conducts health communication campaigns entitled, *Physical Activity*, *The Arthritis Pain Reliever*, and *Buenas Días Artritis* (Spanish campaign). These campaigns are conducted in partnership with Wisconsin communities and promote physical activity for people with arthritis using tailored messages and events.

## Program Highlights

- The Arthritis Program is a statewide program located in Milwaukee through a special relationship with Milwaukee Area Health Education Center. The Program works with urban Milwaukee and southeastern Wisconsin populations, as well as rural populations with its varied programs, specifically Living Well with Chronic Conditions, Arthritis Foundation Exercise Program, and health communication campaigns.

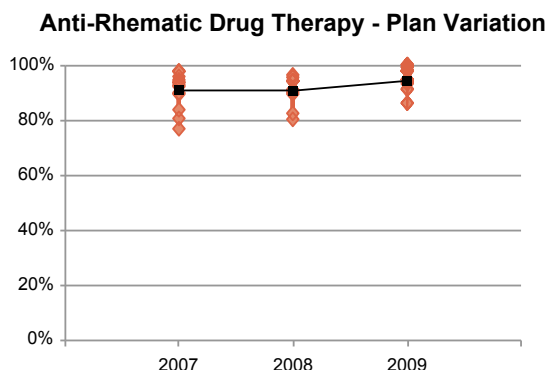
## HEDIS® Measures

The following graphs show data from the HEDIS® disease modifying anti-rheumatic drug (DMARD) therapy measure reported by the Wisconsin Collaborative Diabetes Quality Improvement Project member HMOs and health plans. Data are for care provided from 2007 thru 2009. The number of plans submitting data each year ranged from 11 to 13. The annual average number of individuals in the sample was 1,735 for anti-rheumatic drug therapy. This new measure has shown a slight increase in the group mean and the variation among plans has decreased.



	Group Mean (2008)	Group Mean (2009)	Direction of Trend (2008-09)	Variation among Plans*	National Mean (2009)	Group vs. National Mean
Anti-Rheumatic Drug Therapy	91%	94%	Increase	Medium Range=15	86%	Better than National

\* Categories are: Low <15 percentage points, Medium 15-24 percentage points, and High ≥25 percentage points.



## Technical Specifications

To evaluate the quality of health care in Wisconsin's commercially-insured population, collaborators chose the Health Care Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA). The NCQA uses HEDIS® data to accredit HMOs and to evaluate the quality of care regionally and nationally. HEDIS® measure definitions are standardized and audited using an NCQA-designed process. Standardization allows comparison of plans' performance with each other, regionally, and nationally.

The HEDIS® disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis care measure assesses the percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription. For this HEDIS® measure, health plans submit administrative data from electronic records of services, such as insurance claims or registration systems.

This historical report is a Chronic Disease Program Integration Project.

For questions regarding this chronic disease report, contact the Arthritis Program at (608) 266-2593 or (414) 344-0675.

For more information, visit <http://dhs.wisconsin.gov/health/arthritis> or <http://www.wisconsinarthritisprogram.org>

This publication was supported in part by Cooperative Agreement Number IU58DP001997-01 from the Centers for Disease Control, Prevention, and the National Association of Chronic Disease Directors' Public Health Interventions to Promote Early Diagnosis and Treatment of Rheumatoid Arthritis. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or National Association of Chronic Disease Directors.

# Wisconsin Asthma Program HEDIS® Measures Report

## Introduction

This brief report highlights the Wisconsin Asthma Program and summarizes HEDIS® asthma care data for care provided from 2004 through 2009. The Wisconsin Collaborative Diabetes Quality Improvement Project collects and reports selected Wisconsin health plan data each year. The Diabetes Prevention and Control Program, the University of Wisconsin Population Health Institute, Wisconsin health plans, and others collaborated with the Wisconsin Asthma Program to share the following HEDIS® data.

## Burden/Prevalence of Asthma in Wisconsin

Asthma is a complex chronic lung disease characterized by ongoing airway inflammation that can result in episodic events of wheezing, shortness of breath, coughing, and chest tightness. Results from the 2008 Behavioral Risk Factor Surveillance System survey indicate that approximately 14% of adults and 10% of children in Wisconsin have been diagnosed with asthma.

## Mission

To develop and implement a sustainable statewide action plan that expands and improves the quality of asthma education, prevention, management and services, and reduces the disproportionate burden of asthma in disparately-impacted populations.

## Program Goals

- Improve and expand asthma surveillance in Wisconsin
- Increase implementation of the current NIH asthma guidelines for optimal diagnosis and management of asthma by all health care providers
- Increase asthma education consistent with the current NIH asthma guidelines
- Reduce or control environmental factors associated with asthma

## Current Projects

Data from the Burden of Asthma in Wisconsin 2007 drive program activities, with care taken to identify, measure and address health disparities. Projects include:

- The Children's Health Alliance of Wisconsin coordinates the Wisconsin Asthma Coalition, integrates partnership activities, and facilitates the maintenance and implementation of the Wisconsin Asthma Plan.
- In partnership with Fight Asthma Milwaukee Allies (FAM Allies) and Milwaukee Public Schools (MPS), efforts are underway to improve asthma management in inner-city elementary schools.
- The Pharmacy Society of Wisconsin is coordinating

the Asthma Care Fax program, which seeks to improve patient medication use by creating a new avenue of communication between pharmacists and prescribers.

- The American Lung Association of Wisconsin provides education through implementation of Asthma 101 trainings and Asthma Educator Institutes to a variety of audiences statewide.
- The Menominee Tribal Clinic enlists a respiratory therapist to provide enhanced patient education in the clinic and local schools.

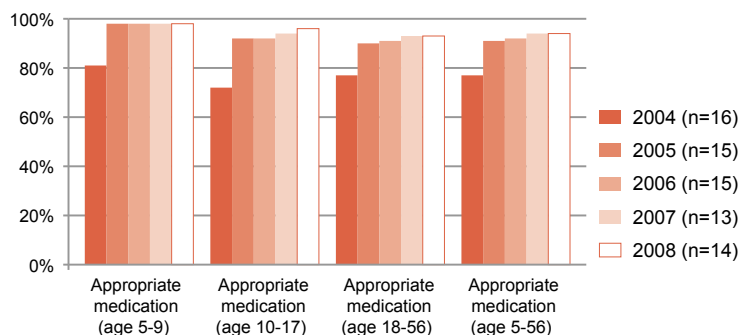
## Program Highlights

- The Department of Health Services created an Environmental Public Health Tracking Program linking surveillance data and environmental monitoring data.
- Local coalitions remain an important organizational anchor for addressing asthma at the community level.
- The Allergist Outreach Asthma Education Program for Primary Care Practices trained over 880 primary care providers and other clinical staff to improve the diagnosis and management of asthma.
- The Wisconsin Asthma Coalition created the Asthma Focused Follow-up Visit (2007), a simple algorithm to be used during a primary care asthma visit which also can be incorporated into an electronic medical records system.
- FAM Allies partnered with Family House on a parent and neighborhood organizing program for parents, guardians, primary caregivers and families of children with asthma.

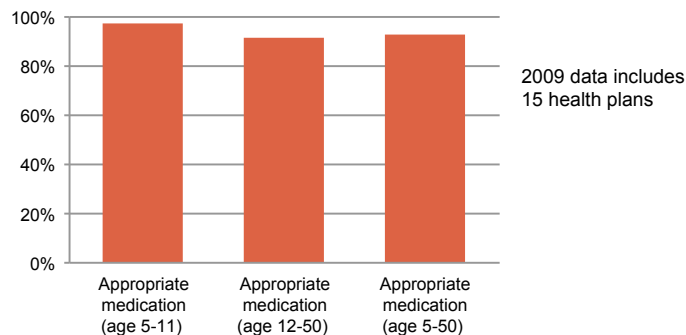
## HEDIS® Measures

The following graphs show data from the HEDIS® asthma care measures reported by the Wisconsin Collaborative Diabetes Quality Improvement Project member HMOs and health plans. Data are for care provided from 2004 through 2009. The number of plans submitting data each year ranged from 13 to 16. The annual average number of individuals in the sample for appropriate medication was 1,484 for age 5-11, 12,747 for age 12-50, and 16,965 for age 5-50. The measures show improvement in appropriate medication for asthma care. For this publication, 2009 data is shown in a separate graph due to measure changes.

### Asthma Care Measures - Trends Over Time



### Asthma Care Measures - 2009



	Group Mean (2009)	Direction of Trend (2008-09) **	Variation among Plans*	National Mean (2009)	Group vs. National Mean
Appropriate Medications (Age 5-11)	98%	NA	Low Range=7	97%	Better than National
Appropriate Medications (Age 12-50)	92%	NA	Low Range=7	91%	Better than National
Appropriate Medications (Age 5-50)	93%	NA	Low Range=7	93%	Same as National

\* Categories are: Low <15 percentage points, Medium 15-24 percentage points, and High ≥25 percentage points.

\*\* Not trendable due to measure change in 2009

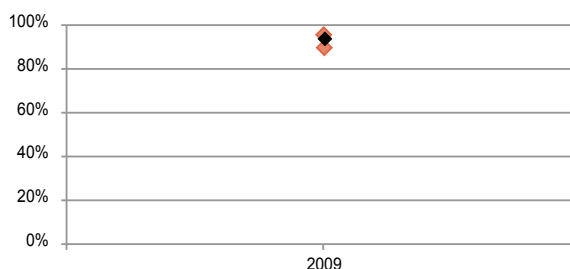
#### Appropriate Medication (age 5-11)



#### Appropriate Medication (age 12-50)



#### Appropriate Medication (age 5-50)



## Technical Specifications

To evaluate the quality of health care in Wisconsin's commercially-insured population, collaborators chose the Health Care Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA). The NCQA uses HEDIS® data to accredit HMOs and to evaluate the quality of care regionally and nationally. HEDIS® measure definitions are standardized and audited using an NCQA-designed process. Standardization allows comparison of plans' performance with each other, regionally, and nationally.

The HEDIS® use of appropriate medications for people with asthma measure assesses the percentage of enrolled members 5 to 50 years old age with persistent asthma, who were prescribed medications acceptable as primary therapy for long-term control of asthma. This measure is collected separately for children (5 to 11), and adults (12 to 50). A total rate is also reported. For these HEDIS® measures, health plans submit administrative data from electronic records of services, such as insurance claims or registration systems.

This historical report is a Chronic Disease Program Integration Project. For questions regarding this chronic disease report, contact the Wisconsin Asthma Program at (608) 267-6845. For more information, visit <http://dhs.wisconsin.gov/eh/asthma>.

This publication was supported in part by Cooperative Agreement Number IU58DP001997-01 from the Centers for Disease Control, Prevention, and the National Association of Chronic Disease Directors' Public Health Interventions to Promote Early Diagnosis and Treatment of Rheumatoid Arthritis. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or National Association of Chronic Disease Directors.

# Wisconsin Comprehensive Cancer Control Program HEDIS® Measures Report

## Introduction

This brief report highlights the Wisconsin Comprehensive Cancer Control Program and summarizes HEDIS® cancer screening measure data for care provided from 2001 through 2009. The Wisconsin Collaborative Diabetes Quality Improvement Project collects and reports selected Wisconsin health plan data each year. The Diabetes Prevention and Control Program, the University of Wisconsin Population Health Institute, Wisconsin health plans, and others collaborated with the Wisconsin Comprehensive Cancer Control Program to share the following HEDIS® data.

## Burden/Prevalence of Cancer in Wisconsin

Over the past five years, approximately 27,200 cancers were diagnosed annually among Wisconsin residents and there has been an average of 10,841 cancer deaths each year. Cancer is the second highest cause of death in the state, following heart disease.

## Mission

The mission of the Wisconsin Comprehensive Cancer Control Program (WI CCC Program) is to engage diverse public, private and community partners to develop, implement and promote a statewide comprehensive approach to cancer control.

## Program Goals

The program goal is to reduce the burden of cancer for all in Wisconsin by working collaboratively and comprehensively throughout the cancer care continuum.

## Current Projects

The WI CCC Program implements projects that affect the whole continuum of cancer care, from prevention to palliative care. Current projects include:

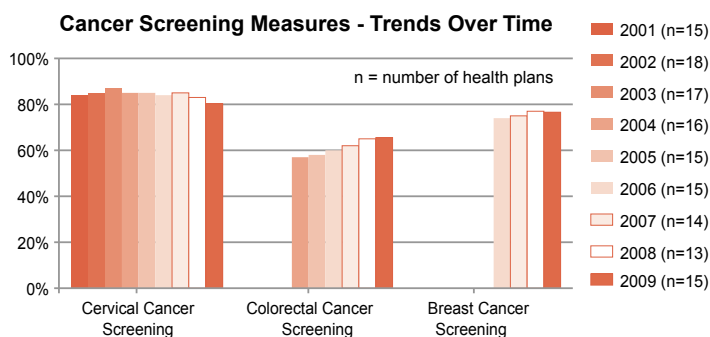
- Improving cancer screenings and tobacco cessation in Wisconsin's federally-qualified health centers
- Statewide taskforces in colorectal screening, breast cancer, clinical trials, survivorship and palliative care
- Local cancer care networks in Milwaukee and Green Bay
- "Rural Oncology Literacy Enhancement Study (ROLES)" health literacy project at UW Health rural clinics
- "Milwaukee Westside Colorectal Cancer Screening Collaborative" to increase screening rates in African Americans
- Colorectal screening events in southwest Wisconsin in partnership with Vernon Memorial Hospital and local employers

## Program Highlights

Since 2005, The WI CCC Program has been an example of a working collaborative program between the Division of Public Health, the University of Wisconsin and other statewide cancer control partners. Currently the WI CCC Program's partnership arm, the Wisconsin Cancer Council, has over 80 organizational members and implements projects in all areas of cancer control.

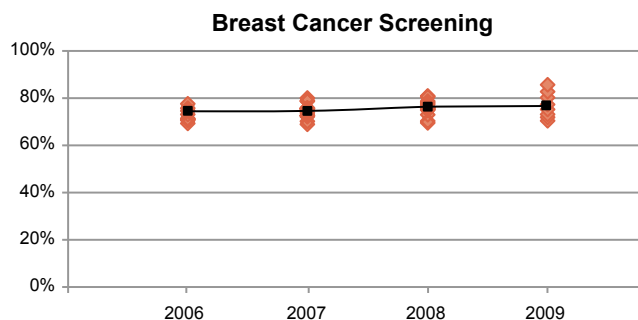
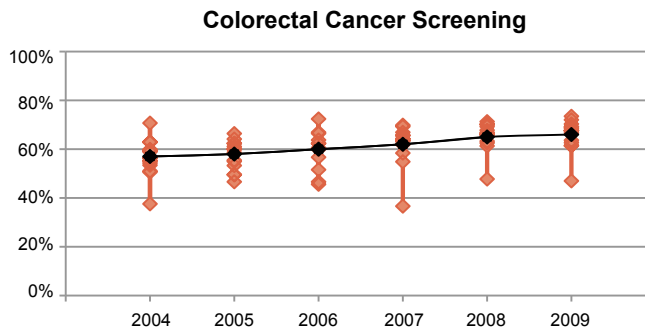
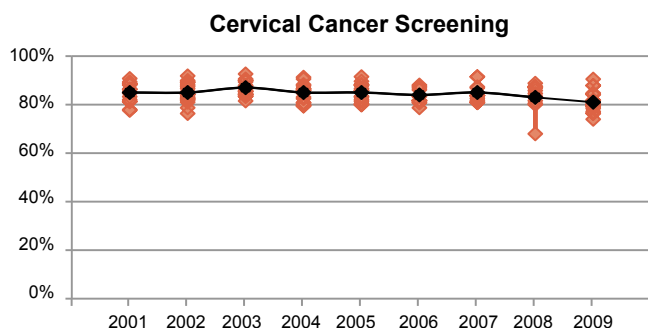
## HEDIS® Measures

The following graph shows data from the HEDIS® cancer screening measures reported by the Wisconsin Collaborative Diabetes Quality Improvement Project member HMOs and health plans. Data are for care provided from 2001 through 2009. The number of plans submitting data each year ranged from 13 to 18. The annual average number of individuals in the sample was 61,353 for cervical cancer screening, 44,715 for colorectal cancer screening, and 132,159 for breast cancer screening. The colorectal cancer and breast cancer screening measures show improvement, while cervical cancer screening does not.



	Group Mean (2008)	Group Mean (2009)	Direction of Trend (2008-09)	Variation among Plans*	National Mean (2009)	Group vs. National Mean
<b>Cervical Cancer Screening</b>	83%	81%	Decrease	<b>Medium Range=17</b>	77%	<b>Better than National</b>
<b>Colorectal Cancer Screening</b>	65%	66%	Increase	<b>High Range=26</b>	61%	<b>Better than National</b>
<b>Breast Cancer Screening</b>	77%	77%	No Change	<b>Medium Range=16</b>	71%	<b>Better than National</b>

\* Categories are: Low <15 percentage points, Medium 15-24 percentage points, and High ≥25 percentage points.



## Technical Specifications

To evaluate the quality of health care in Wisconsin's commercially-insured population, collaborators chose the Health Care Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA). The NCQA uses HEDIS® data to accredit HMOs and to evaluate the quality of care regionally and nationally. HEDIS® measure definitions are standardized and audited using an NCQA-designed process. Standardization allows comparison of plans' performance with each other, regionally, and nationally.

The HEDIS® cervical cancer screening measure estimates the percentage of women 18 to 64 years of age who were enrolled in a health plan and who had at least one Pap test in the past three years. The colorectal cancer screening measure estimates the percentage of adults 50 to 80 years of age who have had appropriate screening for colorectal cancer with any of the four following tests: fecal occult blood test during the measurement year, flexible sigmoidoscopy during the measurement year or the four years prior, double contrast barium enema during the measurement year or the four years prior, and colonoscopy during the measurement year or the nine years prior. The breast cancer screening measure estimates the percentage of women ages 40 to 69 who had at least one mammogram in the past two years. This measure changed in 2009 from using stratified age groups to one age group (40-69). For these HEDIS® measures, health plans can submit administrative data or hybrid data. Administrative data comes from electronic records of services, such as insurance claims or registration systems. Hybrid data comes from a random sample of the patient population and allows claims data to be supplemented with medical records data.

This historical report is a Chronic Disease Program Integration Project.

For questions regarding this chronic disease report, contact the Wisconsin Comprehensive Cancer Control Program at (608) 265-9322.

For more information, visit <http://www.wicancer.org>.

This publication was supported in part by Cooperative Agreement Number IU58DP001997-01 from the Centers for Disease Control, Prevention, and the National Association of Chronic Disease Directors' Public Health Interventions to Promote Early Diagnosis and Treatment of Rheumatoid Arthritis. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or National Association of Chronic Disease Directors.



# Wisconsin Heart Disease and Stroke Prevention Program HEDIS® Measures Report

## Introduction

This brief report highlights the Wisconsin Heart Disease and Stroke Prevention Program and summarizes HEDIS® cardiovascular care data for care provided from 2005 through 2009. The Wisconsin Collaborative Diabetes Quality Improvement Project collects and reports selected Wisconsin health plan data each year. The Diabetes Prevention and Control Program, the University of Wisconsin Population Health Institute, Wisconsin health plans, and others collaborated with the Wisconsin Heart Disease and Stroke Prevention Program to share the following HEDIS® data.

## Burden/Prevalence of Heart Disease and Stroke in Wisconsin

Cardiovascular disease (CVD) is the leading cause of death and one of the leading causes of disability in the U.S. and Wisconsin. In 2007, there were more than 87,000 hospitalizations for CVD in Wisconsin, accounting for approximately \$2.8 billion in hospital-related expenditures. In 2007, CVD accounted for 32% (14,836) of all deaths in Wisconsin.

## Mission

The mission of the Heart Disease and Stroke Prevention Program is to reduce the burden of cardiovascular disease in Wisconsin through surveillance, coalition building, and pilot interventions that discover or deploy relevant best practices in public health.

## Program Goals

- Promote detection and treatment of risk factors for heart disease and stroke.
- Increase early identification and treatment of heart disease and stroke.
- Reduce recurrence and complications of heart disease and stroke.

## Current Projects

- Development of a blood pressure measurement quality improvement toolkit.
- Cooperative pilot with Wisconsin Primary Health Care Association to advance quality improvement skills in community health centers.
- Development, launch, and refinement of WiCORE (Wisconsin Cardiac Rehabilitation Outcomes Registry).
- Investigation into issues around enhancing the role of secondary prevention in outpatient stroke rehabilitation.
- Research into opinions of healthcare professionals on the link between hypertension and obstructive sleep apnea.
- Promotion of the chronic disease self-management model for heart attack and stroke survivors.

- Investigation into the feasibility of a COSEHC-type program (The Consortium for Southeastern Hypertension Control) for hypertension control in Wisconsin.
- Cooperative pilot with Wisconsin Society for Cardiovascular and Pulmonary Health and Rehabilitation to test models for increasing referrals to outpatient cardiac rehabilitation for appropriate patients.
- Published the Burden of Heart Disease and Stroke in Wisconsin 2010 and the Wisconsin Plan for Heart Disease and Stroke Prevention 2010-2015.

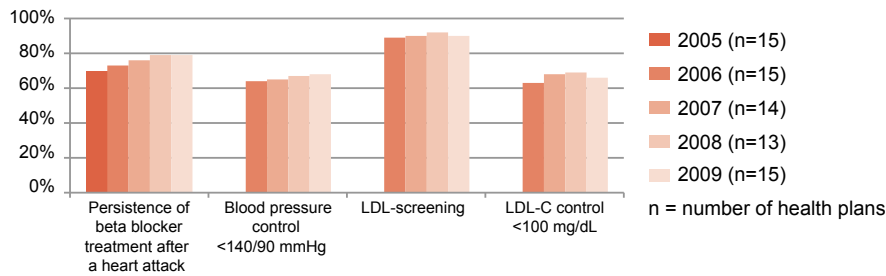
## Program Highlights

- Grant award from Council of State and Territorial Epidemiologists for pilot program to link currently separate surveillance data sources.
- Optional funding awards from the Centers for Disease Control and Prevention (CDC) to design and build an outpatient cardiac rehabilitation registry and to study the enabling conditions for an outpatient stroke rehab registry.
- In collaboration with the Wisconsin Heart Disease and Stroke Alliance, published a new five-year strategic plan for statewide coordination of efforts.
- Launched Wisconsin Cardiac Rehabilitation Outcomes Registry to improve surveillance and quality improvement in outpatient cardiac rehab.

## HEDIS® Measures

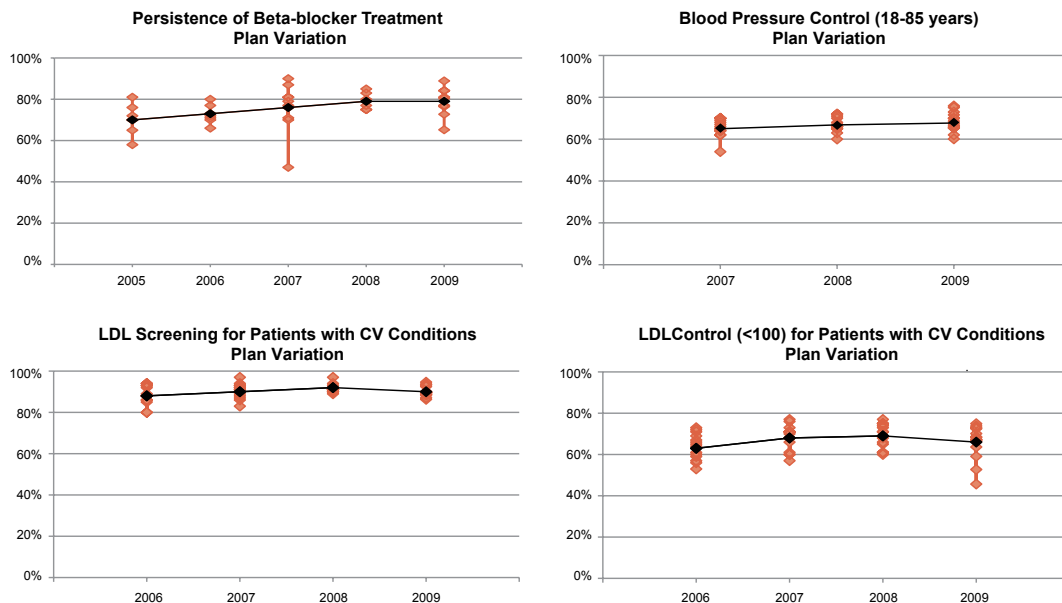
The following graphs show HEDIS® cardiovascular care measures reported by HMOs and health plans in the Wisconsin Collaborative Diabetes Quality Improvement Project. Data are for care provided for patients with cardiovascular conditions from 2005 through 2009. The number of plans submitting data each year ranged from 13 to 15. The annual average number of individuals in the sample was 479 for beta-blocker treatment, 5,446 for blood pressure control, 2,949 for LDL screening, and 3,614 for LDL control. The cardiovascular measures continue to show a trend of improvement.

## Cardiovascular Care Measures - Trends Over Time



	Group Mean (2008)	Group Mean (2009)	Direction of Trend (2008-2009)	Variation among Plans*	National Mean (2009)	Group vs. National Mean
Persistence of Beta-Blocker Treatment	79%	79%	No Change	Medium Range=24	74%	Better than National
Controlling High Blood Pressure	67%	68%	Increase	Medium Range=16	64%	Better than National
LDL Cholesterol Screening	92%	90%	Decrease	Low Range=9	88%	Better than National
LDL Cholesterol Control <100 mg/dL	69%	68%	Decrease	Medium Range=22	59%	Better than National

\* Categories are: Low <15 percentage points, Medium 15-24 percentage points, and High ≥25 percentage points.



## Technical Specifications

To evaluate the quality of health care in Wisconsin's commercially-insured population, collaborators chose the Health Care Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA). The NCQA uses HEDIS® data to accredit HMOs and to evaluate the quality of care regionally and nationally. HEDIS® measure definitions are standardized and audited using an NCQA-designed process. Standardization allows comparison of plans' performance with each other, regionally, and nationally.

The HEDIS® cholesterol management for patients with cardiovascular conditions measure assesses the percentage of patients 18 to 75 years of age who were discharged for acute myocardial infarction or coronary angioplasty, or who had a diagnosis of ischemic vascular disease, who received an LDL-C screening and whose LDL-C level was controlled to less than 100 mg/dL. The measure of controlling high blood pressure estimates the percentage of members 18 to 75 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled to less than 140/90 mmHg during the measurement year. Both systolic and diastolic pressure must be at or under control for blood pressure to be considered controlled. The measure of persistence of beta blocker treatment after a heart attack assesses the percentage of members 18 years of age and older hospitalized and discharged after surviving a heart attack, who received persistent beta-blocker treatment for six months after discharge. For these HEDIS® measures, health plans can submit administrative data or hybrid data. Administrative data comes from electronic records of services, such as insurance claims or registration systems. Hybrid data comes from a random sample of the patient population and allows claims data to be supplemented with medical records data. Additional data, including measures that have been retired and measures with specific changes, can be found in the 2007 Wisconsin Collaborative Diabetes Quality Improvement Project Report.

This historical report is a Chronic Disease Program Integration Project. For questions regarding this chronic disease report, contact the Wisconsin Heart Disease and Stroke Prevention Program at (608) 267-7809. For more information, visit <http://dhs.wisconsin.gov/health/cardiovascular>

This publication was supported in part by Cooperative Agreement Number IU58DP001997-01 from the Centers for Disease Control, Prevention, and the National Association of Chronic Disease Directors' Public Health Interventions to Promote Early Diagnosis and Treatment of Rheumatoid Arthritis. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or National Association of Chronic Disease Directors.



# Wisconsin Tobacco Prevention and Control Program HEDIS® Measures Report

## Introduction

This brief report highlights the Wisconsin Tobacco Prevention and Control Program and summarizes HEDIS® smoking cessation data for care provided from 2001 through 2009. The Wisconsin Collaborative Diabetes Quality Improvement Project collects and reports selected Wisconsin health plan data each year. The Diabetes Prevention and Control Program, the University of Wisconsin Population Health Institute, Wisconsin health plans, and others collaborated with the Wisconsin Tobacco Prevention and Control Program to share the following HEDIS® data.

## 2008 Burden/Prevalence of Tobacco Use

- 20% of adults currently smoke cigarettes
- 59% of adults have stopped smoking for one day or longer because they were trying to quit smoking
- 65% of adult smokers were recommended to stop smoking by their doctor or health care professional
- 64% of adults report having been exposed to other people's tobacco smoke while in public places
- 85% of adults report that smoking policy at work does not allow smoking in any work areas

## Mission

Decrease the prevalence of tobacco use and exposure in Wisconsin.

## Program Goals

- Protect Wisconsin residents from the health and economic impacts of secondhand smoke
- Treat nicotine dependence among Wisconsin residents
- Prevent youth initiation and access to tobacco products
- Identify and eliminate tobacco-related disparities in Wisconsin

## Current Projects

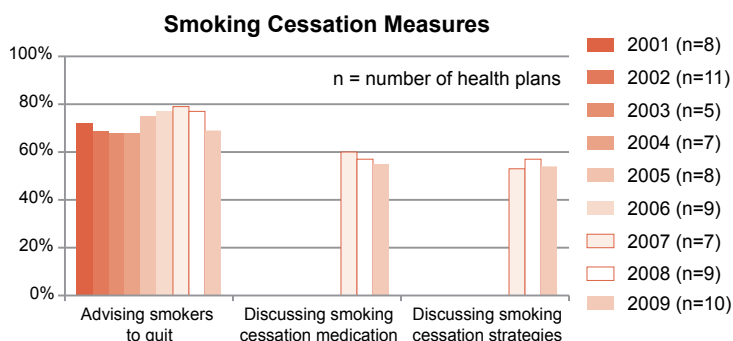
The Tobacco Prevention and Control Program has been planning the implementation of Wisconsin's smoke-free air law, which took effect July 5, 2010. Efforts include developing business outreach materials, educating the public about the law, and implementing a statewide media campaign in June 2010.

## Program Highlights

- Adult smoking has dropped from 24% in 2000 to slightly below 20% in 2008. Seventy-seven percent of adults say smoking is not allowed anywhere inside their home
- Wisconsin raised cigarette taxes by \$1.00 and \$.75 in the last two years
- Wisconsin's youth prevention media campaign "They Killed 8000" won a national "Addy" award from the American Advertising Federation for excellence in public service advertising

## HEDIS® Measures

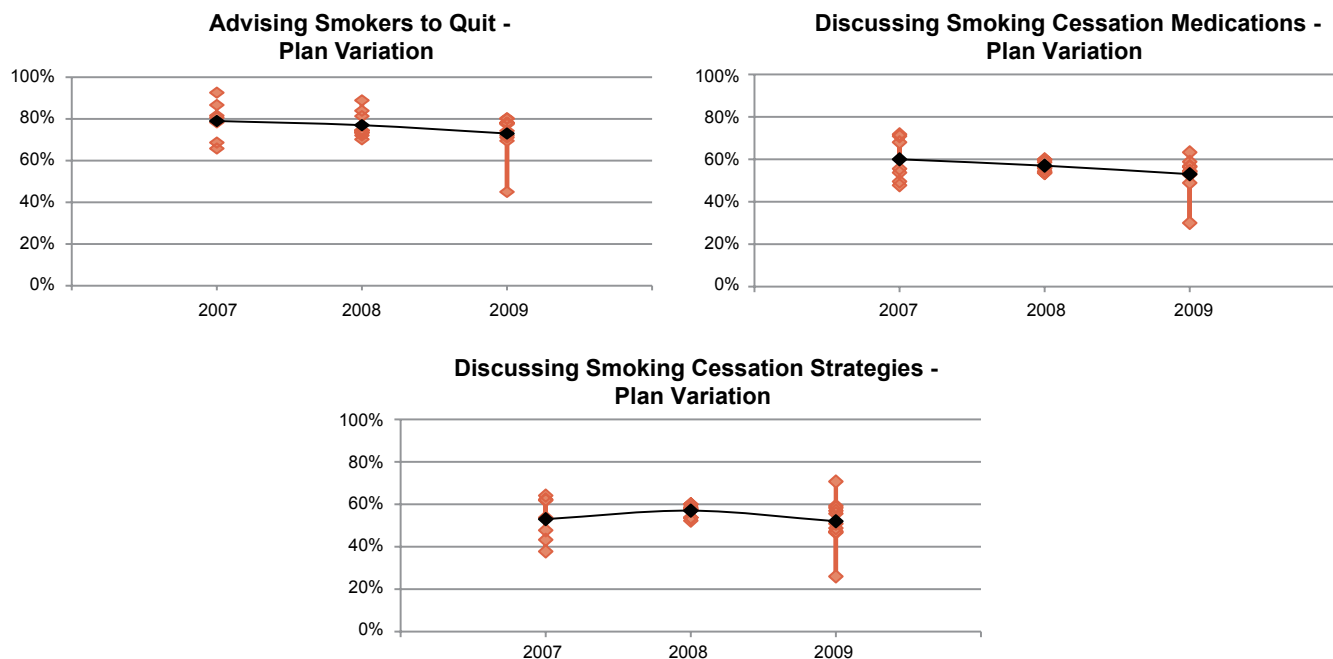
The following graphs show data from the HEDIS® medical assistance with smoking cessation measures reported by the Wisconsin Collaborative Diabetes Quality Improvement Project member HMOs and health plans. The number of plans submitting data each year ranged from 5 to 11. The annual average number of individuals in the sample was 2,587 for advising smokers to quit, 618 for discussing smoking cessation medication, and 615 for discussing smoking cessation strategies. This measure shows improvement for discussing smoking cessation strategies, but not for advising smokers to quit or discussing smoking cessation medication.



	Group Mean (2008)	Group Mean (2009)	Direction of Trend (2008-2009)**	Variation among Plans*	National Mean (2009)	Group vs. National Mean
Advising Smokers to Quit	77%	73%	NA	High Range=35	80%	<b>Worse than National</b>
Discussing Smoking Cessation Medications	57%	53%	NA	High Range=33	53%	<b>Same as National</b>
Discussing Smoking Cessation Strategies	57%	52%	NA	High Range=45	50%	<b>Better than National</b>

\* Categories are: Low <15 percentage points, Medium 15-24 percentage points, and High ≥25 percentage points.

\*\* Not trendable due to measure change in 2010



## Technical Specifications

To evaluate the quality of health care in Wisconsin's commercially-insured population, collaborators chose the Health Care Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA). The NCQA uses HEDIS® data to accredit HMOs and to evaluate the quality of care regionally and nationally. HEDIS® measure definitions are standardized and audited using an NCQA-designed process. Standardization allows comparison of plans' performance with each other, regionally, and nationally.

HEDIS® medical assistance with smoking cessation measures come from the annual CAHPS survey. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program develops and supports the use of a comprehensive and evolving family of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. The CAHPS program is funded and administered by the U.S. Agency for Healthcare Research and Quality (AHRQ), which works closely with a consortium of public and private organizations. The HEDIS® advising smokers to quit measure assesses the percentage of current smokers 18 and older who received advice to quit smoking from their practitioner within the past year. The discussing smoking cessation medications measure assesses the percentage of current smokers 18 and older whose practitioner discussed or recommended smoking cessation medications with them over the past year. The discussing smoking cessation strategies measure assesses the percentage of current smokers 18 and older whose practitioner discussed or recommended smoking cessation methods or strategies with them over the past year. The CAHPS survey questions were changed in 2010 to reflect tobacco cessation advice based upon a frequency response option instead of number of visits, which was previously used. For these HEDIS® measures, health plans can submit administrative data or hybrid data. Administrative data comes from electronic records of services, such as insurance claims or registration systems. Hybrid data comes from a random sample of the patient population and allows claims data to be supplemented with medical records data.

This historical report is a Chronic Disease Program Integration Project. For questions regarding this chronic disease report, contact the Wisconsin Tobacco Prevention and Control Program at (608) 266-8526. For more information, visit: <http://dhs.wisconsin.gov/tobacco>.

This publication was supported in part by Cooperative Agreement Number IU58DP001997-01 from the Centers for Disease Control, Prevention, and the National Association of Chronic Disease Directors' Public Health Interventions to Promote Early Diagnosis and Treatment of Rheumatoid Arthritis. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or National Association of Chronic Disease Directors.